

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER 1ST
AMENDMENT

AFTER 2ND
AMENDMENT

1

2

3

4

5

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41

42

43

44

45

46

47

48

49

50

TOTAL IND.

2

TOTAL DEP.

18

TOTAL CLAIMS

20

CLAIMS

IND

DEP

IND

DEP

IND

DEP

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

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87

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97

98

99

100

TOTAL IND.

2

TOTAL DEP.

18

TOTAL CLAIMS

20